Effective October 1, 2003 10340216												4	
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			22					RATE	FEE] . [RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		•	BASIC F	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			22min	us 20=	. 2			XS 9=		OR	X\$18=	36	
INDEPENDENT CLAIMS			3 minus 3 =					X43=		OR	X86=		
MU	LTIPLE DEPEN	IDENT CLAIM PE	RESENT					+145=		OR	+290=	·	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	806		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	LENTITY	OA	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUME PREVIO PAID I	EST BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 22	Minus	-2	م	. 0		X\$ 9=		OR	X\$18=		
	Independent	• 3	Minus		3	- %		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTA		OR	TOYAL ADOIT, FEE		
		/(Column 1)		(Colun		(Column 3)							
AMENDMENT B	13/06/05	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 20	Minus	• /	22	• /		X\$ 9=	: <i> </i>	OR	X\$18=	. /	
	Independent	• /	Minus	em ENDENT	3	• /		X43=	• /	OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTA		OR	TOTAL ADDIT, FEE	/	
		(Column 1)		(Colun		(Column 3)							
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE	
	Total	•	Minus			8		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		•	 	X43=	1	OR	X86=	-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=			+290=		
	* If the entry in column 1 is less than the entry in column 2, write "V" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, emer "20."									OR	TOTAL		
•••	If the "Highest Nu	mber Previously Pa mber Previously Pa ther Previously Pai	id For IN THI	S SPACE E	s less tha	n 3, enter "3."	•	ODIT. FE	<u> </u>	OR * in co	ADDIT. FEE		
	···· · · · · · · · · · · · · · · · · ·		(HUM GI	asseption							. •		

Application or Docket Number